



GRANTS TO INDIVIDUALS FELLOWSHIP APPLICATION

Office Use Only

APP _____ SER _____

STS _____ SASE _____

APPLICANT INFORMATION

Name _____

Address _____

City/State/Zip _____

Telephone Home _____ Other (please specify) _____

Email _____

Social Security Number _____ Length of RI residency _____
(optional at time of application: required if grant is awarded)

Legislative Districts*: Congressional _____ RI House _____ RI Senate _____

*This information can be found by calling your local City/Town Hall Board of Canvassers or at <http://www.state.ri.us>

DISCIPLINE (check one)

Fellowships offered:

April 1

- ☐ Crafts
- ☐ Fiction
- ☐ Film and Video
- ☐ Folk Arts
- ☐ Photography
- ☐ Playwriting/Screenwriting
- ☐ Poetry
- ☐ Three Dimensional

October 1

- ☐ Choreography
- ☐ Design
- ☐ Drawing and Printmaking
- ☐ Music Composition
- ☐ New Genres
- ☐ Painting

ASSURANCES

I have met all the eligibility requirements listed in the Grants to Individuals — General Guidelines and in the category to which I am applying. I have been a current legal resident of the State of Rhode Island for at least twelve months, and I am not presently an undergraduate or graduate student. I certify that the information contained in this application, including all supporting documents and attachments, is true and correct to the best of my knowledge. I hereby release the Rhode Island State Council on the Arts, its members and employees, from any liability and/or responsibility concerning the submission of materials to this grant program.

APPLICANT SIGNATURE _____ DATE _____

Supporting Document Reference Sheet

List all items submitted as supporting documents. For each item, please list title, medium, dimensions, year of completion, and duration length (where applicable)

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Applicant: Your name should not appear on this side of the sheet
